

VIRGINIA BOARD OF PROFESSIONAL COUNSELORS

Department of Health Professions

Summer 1995

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Certification of Rehabilitation Providers

by Richard S. Luck, Ed.D., L.P.C.

The 1994 General Assembly enacted legislation requiring the Board of Professional Counselors to certify rehabilitation providers. This legislation, as amended in 1995, defines a "rehabilitation provider" as "a person who, functioning within the scope of his practice, performs, coordinates, manages or arranges for rehabilitation services; however, rehabilitation provider shall not include a person performing only non-discretionary tasks that do not involve the exercise of professional judgment."

"Rehabilitation services" means "those services provided to a workers compensation claimant under subdivision A3 of §65.2-603, including evaluation, assessment, training services, services to family members, interpreter services, rehabilitation teaching, coordination of telecommunications, placement in suitable employment, post-employment services and other related services provided to a person with a disability for the purpose of restoring the person's productive capacity."

No person, other than a person licensed by the Boards of Medicine, Nursing, Optometry, Professional Counselors, Psychology or Social Work shall hold himself/herself out as a provider of rehabilitation services unless he/she holds a valid certificate.

A "grandfathering" provision in Virginia Code provides for certification without fee, examination, education or experience requirements, to any individual who was "actively engaged in providing rehabilitation services on January 1, 1994." This grandfathering period ended on June 30, 1995.

The Board of Professional Counselors anticipates that proposed standards of practice for certified rehabilitation providers will be effective in the fall of 1995. The Board is in the process of considering education and experience requirements for certification. Hearings on regulations will be held throughout periods of public comment. Anyone wishing to be notified of hearing dates may contact the Board office at (804) 662-9575.

In Memorium

On Friday, November 25, 1994, one of the senior members of the Board of Professional Counselors, Ramona B. Stenzhorn, Ed.D., experienced a sudden heart attack and died. A resident of Virginia Beach, she was in Northern Virginia enjoying an after-Thanksgiving shopping outing with her sister when her death occurred. Dr. Stenzhorn had served on the Board for over six years. She was Vice Chair of the Board and the Chair of the Discipline Committee.

Dr. Stenzhorn was an outstanding member of the Board, and her death was an occasion of deep loss and grief for the members of the Board. She was uniquely qualified to be a Citizen Member of the Board, with her

academic background in counseling, her long experience as a school principal and her dedication to supporting and upholding the ethical and competent practice of professional counseling. The combination of assertiveness, sensitivity, comprehension of the issues, personal warmth, sense of humor, and professional competence, along with her characteristic flair, gave Ramona a unique and delightful personality. She was truly a woman with "style."

The members of the Board are grateful for the work and presence of Ramona Stenzhorn on the Board and remember her with love, appreciation, and affirmation. She will be deeply missed and long remembered.

Licensure for Marriage and Family Therapists

By action of the 1995 General Assembly, licensure for Marriage and Family Therapists in the private sector was established. Six months after the date that regulations become effective, any person actively providing marriage and family therapy will be required to hold a license to practice. Licensure will not be required for persons licensed by this Board as professional counselors or persons licensed by another board within the Department of Health Professions who provide, within the scope of their practice, marriage and family therapy or counseling to individuals or groups.

Effective July 1, 1995, the Board of Professional Counselors will be retitled the Board of Professional Counselors and Marriage and Family Therapists.

The composition of the Board will include six professional counselors: one marriage and family therapist, two full-time faculty members engaged in teaching counseling or marriage and family therapy, two counselors engaged in private practice, one certified substance abuse counselor, and two citizen members.

The Board will promulgate regulations governing the practice of marriage and family therapy. Those persons who wish to be notified of meetings or who wish to make written comments are encouraged to write or call the Board office at (804) 662-9912.



Chair's Corner

By C. Roy Woodruff, Ph.D., L.P.C. Chairman, Board of Professional Counselors

One of the primary concerns of the Board of Professional Counselors is in regard to communicating adequately with those who are licensed or certified under the regulations which are monitored and enforced by the Board. Correspondence between the Board and LPCs and CSACs in Virginia takes place frequently and consistently. Requests for information are generally responded to directly by Evelyn Brown, Janet Delorme or Joyce Williams, who serve as staff for the Board. Matters that relate to policy issues are taken up by the Board itself and are responded to after discussion and decision by the Board. We take this seriously, and we try to make sure that everyone's question is addressed, even if we cannot always deliver the response that may be sought.

In order to prioritize this matter of communication between the Board and its licensees, we began a practice in 1994 in which time is reserved at the beginning of each reglarly scheduled meeting for public comment. This means that persons who wish to speak to the Board in person may appear at the meeting and make whatever comments they wish at that time in the agenda. It would help our scheduling if anyone wishing to do that would notify the office at least two weeks ahead of time.

One event that was an important facilitator of communication occurred at the annual convention of the Virginia Counselors Association in Williamsburg last November. At a special session arranged by Dr. Donald Anderson, through the program of the Virginia Association of Clinical Counselors, representatives of the Board were present as a panel to present and discuss issues of the Board that were relevant to the practice of those licensed counselors who were present. It was a very helpful time for sharing information, responding to questions, and getting acquainted, and we plan on this becoming an annual occasion for discussion and dialogue. Dr. Ramona Stenzhorn, Dr. Richard Luck, Dr. Rick Gressard, and I represented the Board on the panel.

Membership on the Board is a consistently revolving process, with rotations off and appointments to the Board taking place annually. In 1994, one third of the Board membership changed. Rotating off were Don Anderson, who

had served for eight years with two years as Chair, Eileen Welch, a Citizen Member, and Allen Johnson, a CSAC member. Our new members are Dr. Susan Leone, of Richmond and VCU, Dr. Nina Brown, of Norfolk and ODU, Ruth Hancock, a Citizen Member from Emory, and Barbara Longeway, a Citizen Member from Oakton. We welcome our newly appointed members. They are already hard at work with board responsibilities.

In regard to board rotation, this is my last year to serve on the Board. It seems to take almost two years to become fully acquainted with board process and procedures, but eight years is long enough to serve, especially with two years as Chair. I have thoroughly enjoyed my tenure on the Board and have been honored to serve as Chair. Seldom have I seen a higher commitment or devotion to duty by a group of volunteers. I have been enriched by the relationships I have developed and all that I have learned by my participation on the Board. Serving under three gubernatorial administrations has been an interesting process, as well. The staff of the Board and the leadership of the Department of Health Professions have been more than helpful and supportive all along the way. Special thanks go to Evelyn Brown and Joyce Williams, the ones with whom I have worked most directly.

It has also been an honor to represent Pastoral Counselors who are licensed by this Board. Pastoral Counselors in Virginia have become an integral part of the LPC network in Virginia over the years, thanks to the early work of Pat Prest and others back in the 1970s. All of us who represent the various counseling disciplines in the Commonwealth have been enriched by our common regulatory process under the Board of Professional Counselors and the relationships and mutual respect that have been fostered.

As we begin a new year and look toward the end of an old millennium, I wish each of you much success and joy in your service to the people of Virginia as Licensed. Professional Counselors, Certified Substance Abuse Counselors and Certified Rehabilitation Providers. May we all live up to the high ideals of our calling, which are reflected in the Regulations of the Board of Professional Counselors.



Profiles: Meet the Newest Board Members



Nina W. Brown, Ed.D., L.P.C., N.C.C. Term: July 1994 - June 1998

Currently a professor of counseling at Old Dominion University, Dr. Brown earned her doctorate from The College of William and Mary. One of her specialty areas is group counseling, in which she has published two books: Teaching Group Dynamics: Process and Practice and Group Counseling for Elementary and Middle School Children. Dr. Brown holds memberships in the American Counseling Association, American Psychological Association, American Group Psychotherapy Association, Virginia Counseling Association and the Mid-Atlantic Group Psychotherapy Society. She resides in Virginia Beach.

Ruth Aileen Hancock Term: December 1994 - June 1996

Mrs. Hancock serves as a Citizen Member on the Board. She earned a nursing degree at Maryland General Hospital .nd was a nurse in Baltimore, Maryland, and Blacksburg, Virginia. After earning her bachelor of science from Emory and Henry College and studying for a doctorate at Loyola University, she taught mathematics at Virginia Highland Community College. She was the Programmer and Operator of the Administrative Computer System at Emory and Henry College. Mrs. Hancock lives in Emory.

Susan D. Leone, Ed.D., L.P.C. Term: July 1994 - June 1998

Dr. Leone earned her doctorate at the University of Virginia and is an Assistant Professor of Counselor Education in the Educational Studies Division of Virginia Commonwealth University's School of Education. She is a charter member of the Virginia Association for Specialists in Group Work and the Virginia Association for Multicultural Counseling and Development. In addition, she serves on the boards of the Virginia Counselors Association, Virginia School Counselor Association, Richmond Area Counselors Association, the Virginia Association for Counselor Education and Supervision, and the VCA Foundation. She resides in Richmond.

Barbara L. Longeway Term: July 1994 - June 1998

As a Citizen Member on the Board, Mrs. Longeway has a combination of professional and community service experience. She worked with Mobil Corporation and was the senior editor at Washington Entertainment Magazine. Her community service includes: founder and director of a POW-MIA public awareness organization; and liaison for an international visitors program in Oberammergau, Germany. Presently, she is a Cluster Coordinator for The Nursing Network and a volunteer with the Jeremiah House. She lives in Oakton.

Examination Changes for L.P.C. and C.S.A.C.

By J. Steve Strosnider, L.P.C.

Exams for Licensed Professional Counselors and Certified Substance Abuse Counselors are administered every April and October. Since April 1993, after oral examinations were prohibited by law, the Licensed Professional Counselors exam consists of two segments: a multiple choice section and a clinical simulation section. The Certified Substance Abuse Counselors exam consists of multiple choice questions only.

An attempt has been made to make the multiple choice section more clinically relevant than in the past. Test items were generated by a task force of Virginia Licensed Professional Counselors and Certified Substance Abuse Counselors. The clinical simulation section measures the applicant's ability to diagnose, make clinical decisions, and formulate treatment planning. In the clinical simulation, the applicant is presented with a scenario and must make decisions based on additional data, much the same as in actual clinical practice.

The Board soon will have a licensure preparation packet available to applicants. It will provide helpful information regarding both the Certified Substance Abuse Counselor and Licensed Professional Counselor exams, as well as a practice clinical simulation.

Supervision Requirements: Half and Registration

By Charles F. Gressard, Ph.D., L.P.C.

Obtaining supervision is one of the most difficult parts of the licensure process. There are several safeguards built into the regulations that help ensure the quality of the supervision process. These safeguards are sometimes confusing for both the supervisor and the supervisee. In order to clarify this process, I would like to address some of the issues about which questions are most frequently asked.

The first issue confronting the supervisees are the "half" requirements. Simply stated, half the supervision must be with an LPC, half the supervision must be on-site, and up to half the supervision can be done in groups.

Supervision by an LPC is required to ensure that professional identity as a counselor is maintained. It is important that the professional identities of counselors be reinforced during the licensure supervision process. All prospective tensure applicants must be aware of this requirement in der to avoid problems when they apply to sit for the examination.

The on-site requirement is often perceived as one of the most confusing of the supervision requirements. "On-site" means that the supervision takes place in the location where the supervisee works. It does not mean that the supervisee has to observe counseling sessions. The intent of this requirement is to ensure that supervisees are not practicing without proper supervision at their worksites.

On-site supervision allows the supervisor to **better** understand the nature of the supervisee's work, the supervisee's record keeping, the professional setting, and to observe day-to-day operations.

Although this requirement sometimes causes difficulties in more rural areas, there are LPC's who are qualified to supervise in most locations. When the geographic location of the supervisee's worksite creates an undue burden in obtaining qualified supervision, the Board will consider requests for waiver of this requirement.

Most prospective LPCs appear to understand the possibilities for group supervision. The supervision requirements allow for half of the supervision to be accumulated in a group setting. It is important to note, though, that two

hours of group supervision are equivalent to one hour of the required 200 hours. In other words, all group supervision time must be divided in half when computing supervision hours. It should also be noted that group supervision cannot be substituted for individual on-site supervision. Therefore, if half your supervision is in group, all your individual supervision must be on-site.

One other supervision requirement about which I often receive questions is the registration requirement. If you work in a non-exempt setting (see the regulations for the definition of an exempt setting), your supervision must be registered with the Board <u>before</u> you begin practice. If a prospective LPC is working in an exempt setting, registration is not required, but registration is advisable to ensure that the supervision arrangement will be acceptable to the Board when the supervisee applies to sit for the examination.

These are a few of the supervision regulations that stimulate questions. In future newsletters, we will address some of the other issues.



Dual Relationships: One of the Greatest Threats to a Counseling Client

By Charles F. Gressard, Ph.D., L.P.C.

The most serious and the most frequent type of complaint reviewed by the Discipline Committee is the problem of dual relationships. At the January meeting of the American Association of State Counseling Boards (AASCB), the AASCB Discipline Committee submitted a report indicating about 70-80% of nationwide counseling discipline actions are related to dual relationships. The statistics in Virginia are similar.

A dual relationship is one of the greatest threats to a counseling client. Unfortunately dual relationships is a controversial and sometimes confusing issue.

The Virginia Standards of Practice for Professional Counselors state that persons licensed by the board shall:

Never engage in dual relationships with clients, former clients, supervisees, and supervisors that compromise the client's or supervisee's well being, impair the counselor's or supervisor's objectivity and professional judgment, or increase the risk of client or supervisee exploitation. This includes, but is not limited to, such activities as counseling close friends, former sexual partners, employees or relatives, and engaging in business relationships with clients.

Engaging in sexual intimacies with clients or former clients is strictly prohibited. In the case of supervisees or supervisors, this includes, but is not limited to, engaging in sexual intimacies with current supervisees.

What does this mean for the professional counselor? The component that is clearest in this standard is the prohibition of sexual activities with clients and former clients. This truly means **NEVER**.

However, this absolute prohibition is controversial. The American Psychological Association (APA) ethical standards have a two-year "waiting period" for a sexual relationship after termination while the proposed American Counseling Association (ACA) standards are consistent with Virginia's.

In my discussions with professionals around the state, many have asked why Virginia's standard is so strict. I have replied that it eliminates any confusion about when a sexual relationship may take place, and it helps counselors confront any sexual feelings or fantasies they may have about a client. If there was a specified time post-termination period, the counselor may continue to entertain fantasies about a client that could be detrimental to the relationship.

Other types of dual relationships are less clear. In many cases, counselors may have to ask themselves whether the other relationship they may have with a client will in some way harm the client. There are three major ways that dual relationships may harm a client.

The first way is by damaging the objectivity of the counselor. The foundation of the counseling relationship is the counselor's ability to objectively assess and confront the client's issues. Obviously, if we are attempting to counsel friends, relatives or business partners, we may not be able to see their problems clearly or be able to effectively confront them without affecting the other relationships with them.

The second way that a dual relationship can harm a client is by the counselor taking advantage of the client. All professional counselors should be aware that we hold a highly influential position in our clients' lives. Whether we view this influence as due to transference or just to the role of the expert, the power of the counseling relationship

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3 undeniable. It is almost inevitable that the client will idealize the counselor, putting the client in a vulnerable position. If there is, for example, a business relationship in addition to the counseling relationship, it would be difficult for the client to be in an equal position. The counselor would have an advantage as a result of the counseling relationship.

The third way that dual relationships cause problems is the overlap of the other relationship to the counseling relationship. For example, if a counselor has a client who performs some service for the counselor, such as window cleaning, the counseling relationship can be negatively affected if the client does a poor job. The client can be seriously damaged by the deterioration of the relationship. This harm can happen with any type of dual relationship, even those that appear innocuous.

The high potential for harm with all types of dual relationships makes it imperative that counselors avoid them whenever possible. There are two basic methods of successfully doing so.

The first is to ask yourself if you are, in any way, getting your needs met in the relationship. If you are, there is a danger of being in a harmful dual relationship.

The second method is to engage in regular supervision with someone who can confront you if you have lost your objectivity. All counselors are vulnerable to dual relationships. The best way to avoid them is supervision.

Coming Events

Board meetings and examinations scheduled for remainder of calendar year 1995

AUGUST 18 Board Meeting

OCTOBER 14 Written examinations for Professional Counselor Licensure and Substance Abuse Counselor Certification

NOVEMBER 17 Board Meeting